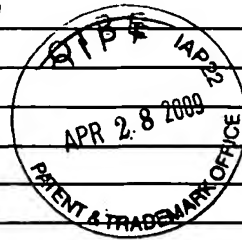


FEE TRANSMITTAL for FY 2009

Complete if Known

Application Number 10/806,252
 Filing Date March 22, 2004
 First Named Inventor Mark R. Kirkland
 Examiner Name Viren A. Thakur
 Art Unit 1794
 Attorney Docket No. 1795.KIRK.PT


☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF
PAYMENT (\$)**110**

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
☒ Deposit Account Deposit Account Number: **50-0881** Deposit Account Name: **Morriss O'Bryant Compagni, PC**
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	52	26
Each independent claim over 3, or for Reissues, each independent claim more than in the original patent	220	110
Multiple Dependent claims	390	195

Total Claims 23 Extra Claims 0 Fee (\$) _____ Fee Paid (\$) _____
 -26 or HP= _____ x _____ = _____
 HP= highest number of total claims paid for, if greater than 20

Indep. Claims 4 Extra Claims 1 Fee (\$) 110 Fee Paid (\$) 110
 -3 or HP _____ x _____ = _____
 HP= highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s)

Total Sheets _____ Extra Sheets _____ Number of each additional 50 or fraction thereof _____ Fee (\$) _____ Fee Paid (\$) _____
 -100= _____ /50= _____ (round up to a whole number) x _____ = _____

4. OTHER FEE(S)

Other: _____
 Other: _____

Fees Paid (\$)

SUBMITTED BY

Name (Print/Type)	Julie K. Morriss	Registration No.	33,263	Telephone	(801) 478-0071
Signature	<i>Julie Morriss</i>	Date	4-28-09		